



## New Orleans Interagency Council on Homelessness

### Application for General Membership by Homeless Services Providers

The purpose of the New Orleans Interagency Council on Homelessness ("NOICH") is to serve as the governance body of the City of New Orleans Homeless Services Working Group's Ten-Year Plan to End Homelessness. Five general membership positions on the NOICH are reserved for homeless services providers, each position representing one of the following constituencies: singles, families, youth, veterans, and special needs.

In order to apply as a homeless services provider for a general membership position on the NOICH, you must email the following materials to [alstrong@nola.gov](mailto:alstrong@nola.gov) by 5pm CST on Friday, April 13, 2012:

1. a completed Application for General Membership by Homeless Services Providers,
2. a resume detailing your educational background, professional certifications, and experience working with the homeless, and
3. a one-page statement describing your interest in serving on the NOICH, as well as the value you would add as a general member and representative of your chosen constituency.

Please contact Stacy Horn Koch, Director of Neighborhood Services, Facilities, and Homeless Policy for the City of New Orleans, at 504-658-4299 or at [shkoch@nola.gov](mailto:shkoch@nola.gov) if you have any questions.

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#### Basic Information

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Name	Current Employer
Home Address	Current Position
	Work Phone
Home Phone	Preferred Email Address

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#### Constituency Representation

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Constituency That You Are Applying to Represent on the NOICH (*check one*)

<input type="checkbox"/> Singles	<input type="checkbox"/> Families	<input type="checkbox"/> Youth	<input type="checkbox"/> Veterans	<input type="checkbox"/> Special Needs
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#### Availability to Serve on the NOICH

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Will you be available to attend meetings of the NOICH and its subcommittees, as well as to perform other duties of NOICH membership, for 2 to 5 hours per month for 12 months? ☐ Yes ☐ No

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#### Experiential Qualifications

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Occupation	Years Worked with the Homeless

Constituents Primarily Served during Your Career *(check all boxes that apply)*

<input type="checkbox"/> Singles	<input type="checkbox"/> Families	<input type="checkbox"/> Youth	<input type="checkbox"/> Veterans	<input type="checkbox"/> Special Needs
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Constituents Primarily Served in Your Current Position *(check the box that most applies)*

<input type="checkbox"/> Singles	<input type="checkbox"/> Families	<input type="checkbox"/> Youth	<input type="checkbox"/> Veterans	<input type="checkbox"/> Special Needs
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Check the box that indicates your level of experience working in the following areas:

	None	Less than 2 years	2 to 5 years	More than 5 years
Data				
• Developing performance measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HMIS data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Analyzing data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Writing data reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Delivery				
• Hands-on experience working with the homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Service coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Intra-agency policy development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Developing collaborative endeavors with other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance				
• Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Grant writing for homeless services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you participate in the Homeless Services Working Group? ☐ Yes ☐ No

If yes, check the box next to the subcommittee on which you served *(check all boxes that apply)*

<input type="checkbox"/> Youth & Families	<input type="checkbox"/> Singles	<input type="checkbox"/> Data	<input type="checkbox"/> Veterans	<input type="checkbox"/> Executive
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